

WATERWORKS PERMIT APPLICATION - *PART A: Notification of Intent*

Return to appropriate Virginia Department of Health Engineering Field Office

I. Permit Type: Construction: New _____ Repair _____ Modify _____ Extend _____

Operation: _____ (ownership transfer; facilities in existence)

II. Waterworks Name, if any: _____

State assigned PWS identification number, if any: _____

City/County _____

Water Source: Surface _____: Name _____

Well _____

Purchased _____: From _____

Proposed number of connections: _____

III. I am associated, directly or indirectly, with the following waterworks (name and PWS ID):

IV. I am:

A. aware of needed local government approvals including zoning ____ YES ____ NO.

B. aware that permits may be needed for water withdrawal or waste discharge permits. ____ YES ____ NO.

V. Please schedule a Conference for the _____ week of _____, 199 ____.

Applicant Name (Legal owner): _____

EIN or Social Security #: _____

Address: _____

Home Phone: _____ - _____ - _____

Work Phone: _____ - _____ - _____

Applicant's signature

Date